FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction										
		`						Offi	ce use only	/		
NAME OF     COMMITTEE (ir	n full)	(Check if name is changed)		nple: If typyir the lines	ıg, type	12F	E4M	5				
IA Vets for Co	ongress					ш					ш	Ш
			111								ш	ш
ADDRESS (number and	d street)	)3 Park Avenue So	uth 					1 1			للـــــــــــــــــــــــــــــــــــــ	
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is changed)		ew York			ш	ĹŊ`	<b>Y</b>	Ш	1001	0	لـــــــــــــــــــــــــــــــــــــ	Ш
COMMITTEE'S E-MA	AIL ADDRESS		CITY▲			STAT	E▲		ZIP	CODE	•	
info@votevet												1
COMMITTEE'S WEE	PAGE ADDRESS	S (URL)	1 1 1	<del>                                     </del>							ш	
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COMMITTEE'S FAX	NUMBER											
با لبنا	ىيا لى											
2. DATE <b>0</b>	M / D D /	2008										
3. FEC IDENTIFIC	ATION NUMBER	[	C COO	425694								
4. IS THIS STATE	MENT N	IEW (N) OR	X	AMENI	DED (A)							
I certify that I have exam	nined this Statement	and to the best of my kno	owledge an	d belief it is tr	ue, correct a	nd comp	lete					
Type or Print Name o	f Treasurer	Malea Stenzel										
Signature of Treasure	er Electronically	Filed by <b>Malea Ste</b>	enzel			Date	<b>0</b>	<b>9</b> <sup>M</sup>	<b>0</b> 2	/ Y	Ý 2 0	8 0 0
NOTE: Submission of f		ncomplete information ma	-	, -	_				of 2 U.S.C	S437g	l-	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC I	FORN ed 12/200		

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5.	TYPE OF CO	DMMITTEE (Check One)  committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		1 1 1 1 1 1 1
	Candidate Party Affiliati	on Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	ion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	ooperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	nising Representative:	
	(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
		POWERS FOR CONGRESS  1. FEC ID number C C00438	5750
		2. MADIA FOR U S CONGRESS 2. FEC ID number C C00440	0370
		3. JOHN BOCCIERI FOR CONGRESS FEC ID number C C00438	5065
		4. FEC ID number C	
		5 FEC ID number C	

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W	rite or Type Committee Name			
	IA Vets for Congress			
6.	Name of Any Connected Org	ganization, Affiliated Committee, Leadership PAC Sp	oonsor or Joint Fundraisi	ng Representative
	VoteVets PAC			
1		<u>                                     </u>	<u> </u>	1 1 1 1 1 1 1 1
	Mailing Address	303 Park Ave. South		
	ū	<b>#1293</b>		
		NEW YORK	NY L	10010
		CITY	STATE A	ZIP CODE
	Relationship:			
	Connected Organization	X Affiliated Committee Leadership PA	AC Sponsor Joint	Fundraising Representative
7.	possession of Committee		nal), and position of the	e person in
	Full Name	303 Park Ave. S.		
	Mailing Address	#1293		
		New York	NY_	10010
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Treasurer		hone number 646	- <u>415</u> - <u>8429</u>
8.	name and address of any	and address (phone number optional) of the to designated agent (e.g., assistant treasurer).	reasurer of the commit	tee; and the
	Mailing Address	303 Park Ave. S.		
		#1293		
		New York		10010 –
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	Treasurer	Telen	hone number	_ 415 _ 8429

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Full Name of Designated Agent	Malea Stenzel			
Mailing Address	303 Park Ave. S.			
	#1293			
	New York		<u>Y</u>	10010 –
Title or Position ▼	CITY A	STA	TE 🛦	ZIP CODE A
Treasure	er	Telephone number	646	4158429
Barrier an Ollean Barrasilla	pries: List all banks or other depositories in	which the committee denos	its funds. hol	ds accounts, rents
Banks or Other Depositors safety deposit boxes or ma		which the committee depos	, -	
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